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ABSTRACT

This pamphlet, directed to vocational education and special education teachers and counselors at the secondary school level, provides a guide for developing Individual Vocational Education Programs (IVEPs) for disadvantaged learners, along with sample completed forms; and a resource of available IVEP forms being used in several of the secondary vocational programs in New Hampshire. In addition, it contains sample referral forms, guidance department forms, student data forms, parent forms, and checklists and team material that can be copied or adapted for use by other educators involved in the IVEP process. (KC)

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A DO-IT-YOURSELF GUIDE FOR THE DEVELOPMENT OF INDIVIDUAL VOCATIONAL EDUCATION PROGRAMS (IVEP's) FOR DISADVANTAGED STUDENTS

U.S. DEPARTMENT OF EDUCATION
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The concept of the Individualized Plan is not a new concept and certainly was widely used as a teaching technique even before the inception of the Handicapped legislation, which not only made the technique commonplace but in fact, required it by law. New Hampshire extended the concept to include those vocational students classified as disadvantaged with its initial five-year plan and has consistently pursued the use of this tool for better support services and programming for the special needs student.

As schools have complied with the law, we have seen the development of a variety of models, some very short and some all-encompassing. As a state agency, we have never mandated a specific format for the IVEP, and the intent is not to require one now. The following recommendations are not new nor are they any different than those which have been made since the initial requirement of the IVEP. The form and recommendations included in this brochure have been developed for use by vocational special needs programs. Many professionals have been involved in the development from the beginning.

We hope that the work that is in this booklet will be helpful in providing better direction for you in providing better success for disadvantaged vocational students.

Alan Hodsdon

Alan Hodsdon, Consultant
Special Services for the Disadvantaged

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UNIVERSITY OF NEW HAMPSHIRE
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Occupational Education Department
College of Life Sciences and Agriculture
Palmer House

October 15, 1981

Dear Friends:

This pamphlet was compiled by the Joint Vocational/Special Education projects at Keene State College and the University of New Hampshire. The contents of this resource are a result of numerous meetings and workshops held throughout the State funded by the New Hampshire Division of Vocational and Technical Education in Concord.

This pamphlet will assist you by providing: (1) a guide for developing Individual Vocational Education Programs' (IVEP's) for disadvantaged learners along with sample completed forms, and (2) a resource of available forms being used at several of the secondary vocational programs in New Hampshire.

Upon your request, consultation and technical assistance will be provided by teacher educators located at Keene State College and the University of New Hampshire.

It is with great pleasure that I thank all the teachers and support staff for their input in creating this resource. We are hopeful that this will result in better and more efficient ways of meeting the unique needs of disadvantaged learners in New Hampshire.

Sincerely,

Stephen

Stephen Lichtenstein
Instructor and Project Director
Occupational Education Department

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The classification system for the disadvantaged is designed to include all persons who have academic or economic handicaps and who require special services and assistance to enable them to succeed in vocational education programs. This excludes youth and adults with mental, physical, or emotional handicaps.

A GUIDE FOR DEVELOPMENT OF INDIVIDUAL VOCATIONAL EDUCATION PROGRAMS (IVEP's) FOR DISADVANTAGED STUDENTS

In order to guarantee appropriate vocational programs to disadvantaged students, the Individual Vocational Education Program (IVEP) organizes, coordinates and directs resources to provide for successful participation in Vocational Education.

This process shall include the following:

1) Student is referred because of a problem which results in unsuccessful participation in a vocational program. The referral does not necessarily classify a student as disadvantaged or handicapped. It only initiates a process to diagnose and supply needed services.

2) Classification into the appropriate special needs category based on evaluation and "teaming" process.

3) An Individualized Vocational Education Program (IVEP) is developed using available information and vocational assessment/evaluation data. The IVEP should address the student's needs in overcoming identified problems.

4) IVEP is implemented using activities and specific modifications in vocational program, special services and resources indicated.

5) IVEP is monitored to insure that the student is working according to plan and receiving those services as designated in the plan.

6) Student progress is evaluated based on the components of the plan. This is to insure that the plan designed is appropriate to meet the student's needs.

1. Referral Statement

1.1 Any referral shall be written, dated and be forwarded to a specific individual designated for the purpose of receiving referral.

1.2 The referral shall identify the specific behavior which is preventing the student from succeeding in the vocational program.

1.3 It is suggested that parents notification and consent should be secured.

1.4 Team will evaluate available material and determine classification or further testing if necessary.

1.5 Decision: Point of classification, either disadvantaged or handicapped.

2. Classification

2.1 Classification will be based on an identified student problem.

2.2 The decision on classification will be made by a team.

2.3 The team should be composed of an administrator, a qualified special educator, and the teacher submitting the referral.

2.4 Parent should be notified of the team's decision.

3. Development of the Individual Plan

In the case of a student who is classified as handicapped, the vocational plan is a component of the IEP, this has been commonly referred to as an IVEP, but is not a separate document from the student's IEP. If the student is classified as disadvantaged, he/she will have an Individual Vocational Education Program (IVEP), which is based on information and vocational assessment/evaluation and will contain the following:

3.1 Broad statement of student expectations within the vocational program. (Example: The student will successfully complete Automotive II with modifications as described in the objectives.)

3.2 Specific measurable objectives:

A. Objectives will describe only those areas of the program where modifications are necessary for successful completion.

B. Objectives will relate to both content and services to be provided.

C. The objective will state what specifically the student will be able to do (performance).

D. The objective will state the minimum level of acceptable performance (criterion).

E. The objectives will state what will be provided to the student prior to being expected to complete the objective (condition).

3.3 Evaluation Method

A. How you will determine whether the student has successfully met the criteria established in the objectives?

3.4 Activities/Modifications

A. Activities are a sequential listing of tasks necessary to assist the student in accomplishing the objectives.

B. Activities are specific learning experiences which are designed to help the student successfully complete the objective.

C. The modifications are variations of the normal procedures, they are prescribed to meet the special learning needs of the student.

D. Modifications can be but are not limited to assistance, extended time lines, special materials and equipment, environmental modifications, alternative grading provisions and special techniques and strategies.

3.5 Person Responsible

A. Service providers are those responsible for carrying out the prescribed activities and modifications.

3.6 Schedule (Time Frame)

A. Each objective should have an estimated time frame.

3.7 Monitoring

A. Each objective should be checked to see that the modifications are being taken care of. (Does the student have the necessary modifications to successfully complete the objective?)

B. The frequency of the monitoring should be stated and the designated person, who will see that the components are being carried out.

4. Implementation of the IVEP

4.1 Specific objectives, activities, and modifications, as indicated, will be carried out by the designated individuals.

5. Monitoring of IVEP

5.1 Someone must be responsible to see that the components of the plan are being carried out.

5.2 The frequency of the monitoring will be stated on the IVEP.

6. Evaluation of the IVEP

6.1 The evaluation criteria are inherent in the objectives. If the student is unable to complete the objective, as indicated, then the plan should be revised.

Sample IVEP's

Individual Vocational Education Program (IVEP)

Student's Name: Diane Madiann

Vocational Program: Building Trades I

Disadvantaged: Academic [X] Economic [ ] Limited English Speaking [ ]

Annual Goal(s):

The student will successfully complete a modified building trades program, as described by the objectives.

SAMPLE

OBJECTIVES	EVALUATION METHOD	ACTIVITIES/MODIFICATIONS	DATE TO BE COMPLETED	PERSON RESPONSIBLE	MONITORING
CONTENT:					
Given a demonstration, a model, the necessary tools and materials, the student will be able to mark, cut, position, and nail a gableroof frame to an accuracy of 1/16".	Product Assessment	-Use a preconstructed rafter pattern marker -Use a bevel cutting jig -Repetitive practice framing stock -Birdsmouth precut -Plate and ridge prelaid out -Completion time extended -Peer tutoring -Daily reinforcement	April 3-May 12	Building Trades Teacher	Vocational Resource Coordinator
SERVICES:					
Given three hours of vocational related math tutoring per week, the student will be able to perform building trades calculations.	Progress Record Chart	-Content will be selected by building trades teacher	September to June	Resource Room Aide	Resource Teacher

NOTES:

Student's Strengths:	Limitations:
Enthusiastic	Difficulty measuring with a ruler
Good reading ability	Needs repetition
Works well in group or team assignments	May need extended time to complete assignments
Very cooperative	

Teacher _____

Administration _____

Program Coordinator _____

Date: _____

Individual Vocational Education Program (IVEP)

Student's Name Stephen Stevens

Vocational Program Agriculture--Ornamental Horticulture

Disadvantaged: Academic [X]
Economic []
Limited English Speaking []

Annual Goal(s):

Stephen will successfully participate in the regular Horticulture I program with the following conditions and modifications

SAMPLE

OBJECTIVES	EVALUATION METHOD	ACTIVITIES/MODIFICATIONS	DATE TO BE COMPLETED	PERSON RESPONSIBLE	MONITORING
Given a variety of plant materials, Stephen will be able to identify, by name, the materials with 85% accuracy.	Teacher Observations (process & product assessment) Written or Oral Test	-Extended time for completion -Stephen will be able to take materials home to study -Materials will be given to support specialists to enhance study skills -Oral or written exams -Stephen will have access to the audio-visual unit entitled: Plant Identification and Uses, by John Doe	9/5/81 to 11/20/81	Horticulture Instructor, Reading Specialist and Speech Teacher	Instructor will monitor on a weekly basis
Given the course text and list of key terminology, Stephen will be able to read chapters 1-4 and complete the unit test with 80% accuracy.	Written or Oral Test at the end of each week	-Extended time for completion -Reading specialist will visit the class twice weekly to work on reading and study skills	9/5/81 to 12/10/81	Reading Specialist and Horticulture Instructor	Reading Specialist and Instructor (weekly basis)
Using visual aids, Stephen will be able to convert fractions to decimals and decimals to fractions with 85% accuracy.	Weekly Proficiency Exams All test results will be recorded on a progress chart and shared with Stephen and the resource room aide on a weekly basis.	-5 minutes of every period will be spent on fraction/decimal conversion -Resource Room Aide will visit Horticulture class twice per week to help on the math exercises	9/5/81 to 2/7/82	Resource Room Aide, Horticulture Instructor and Math Teacher	Instructor will meet with resource room aide and math teacher to review progress biweekly

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(IVEP will be updated on November 20 or whenever the first objective is completed)

NOTES:

Student's Strengths	Limitations
Highly motivated	Low reading ability (6th grade)
Popular with other classmates	Tends to avoid written work
Works in local greenhouse on weekends	Low math ability (7th grade)
	No parental support

Stephen has expressed an interest in operating a greenhouse and retail floral shop. His vocational assessment indicated a strong preference for manual outdoor labor.

Stephen's parents view his working in horticulture as a passing interest. They would rather see him work towards accounting or business courses. Stephen's inability to grasp math principles and his interest in outdoor work run contrary to his parents wishes. Mr. and Mrs. Stevens think the school should encourage Stephen to apply himself in other courses and work on his study skills.

Teacher _____

Administration _____

Program Coordinator _____

Date _____

REFERRAL FORMS

(FOR TEACHER USE)

INITIAL
IDENTIFICATION SHEET FOR DISADVANTAGED STUDENTS

STUDENT NAME_____ I.D.#_____ AGE_____
SEX____ GRADE____ DATE____ VOCATIONAL STUDIES AREA___
_____ TEACHER_____

Disadvantaged Students

Definition: Any student who requires special assistance or services in order to meet success in his/her vocational program.

Identify the student according to one or more of the following effects of disadvantages which interfere with the accomplishment of vocational objectives:

A. Academically Disadvantaged
   1. ____Language (speaking/comprehension) deficiency.
   2. ____Reading and/or writing deficiency.
   3. ____Computation deficiency.
   4. ____General educational deficiency (poor attendance, dropout, potential dropout, lack of parental support and guidance, low achievement scores).

B. Socially Disadvantaged
   5. ____Hostile or defiant attitude.
   6. ____Passive or apathetic attitude.

C. Economically Disadvantaged
   7. ____Needs economic assistance to succeed.

D. Other Remediable Effects
   8. ____Lacks proficience in manual dexterity required for success in the vocational studies area.

E. Additional Comments

PRE-EVALUATION FORM

Student:_____ Teacher:_____ Subject:_____

Grades to Date: 1st Quarter 2nd Quarter 3rd Quarter

Class Functioning:

	STRENGTHS	WEAKNESSES
LAB SKILLS OR ACADEMIC		
SOCIAL		

EXAMPLES:

Possible Strengths

Lab - Comes to class with appropriate clothing and/or materials
Academic Skills - Learns by participating: attempts homework assignments
Social - Is well liked by peers: does not disrupt or distract classes

Possible Weaknessess

Lab or Academic Skills

1. Does not finish assignments on time
2. Does not follow directions
3. Language (Speaking/comprehension deficiency)
4. Reading and/or writing deficiency
5. Computation deficiency
6. Needs economic assistance to succeed

Social:

1. Is introverted
2. Overly active
3. Poor attendance
4. Apathetic

Berlin

REFERRAL TO PUPIL EVALUATION/PLACEMENT TEAM
DISTRICT AND VOCATIONAL

Name of Child:_____ Date of Birth:_____

Referred By:_____ Date of Referral:_____

Grade:_____ Parent's Name:_____

Address:_____ Tel.:_____

1. What are the specific learning and/or behavioral problems that led to this referral?

2. What methods have you tried to deal with this problem?

3. What questions need answering with regard to this child and his behavior?

THIS SECTION TO BE COMPLETED BY GUIDANCE DEPARTMENT.

1. Please list previous testing and dates:

2. Grades 9 10 11 12

_____
_____
_____
_____

Reading Test:_____

Other information:_____

Medical Records: Results of Hearing Test:_____
Results of Vision Test:_____
Other Health Problems:_____

_____

Londonderry J/S HS
Mammoth Road
Londerry, NH

SHORT - TERM REFERRAL FORM

Student Name:_____ ID #:_____

Date:_____ YOG:_____ Class:_____

Referring Teacher:_____

REASON FOR REFERRAL:

Areas of student weakness:

Teacher Intervention Used:

DESIRED GOAL AND OBJECTIVES:

REFERRAL AND REQUEST FOR SERVICES FROM CONCORD VOCATIONAL ASSESSMENT AND RESOURCE CENTER

Name of Student:_____

Sending School:_____ Date:_____

Person Making Referral:_____

Student is:

____enrolled in a prevocational program

____planning on enrollment at Area 11 Vocational Education Center for the school year _____.

_____is currently enrolled in Area 11 Vocational Education Center.

Present reason or situation for requesting services: (such as reading, computational or language difficulties; poor attendance; need for vocational assessment for program planning, please be specific).

Background Information:

Please send referral form to:
Concord Vocational Resource Center
Concord High School
Warren Street
Concord, New Hampshire 03301

MA:je 11/80

Portsmouth High School - Vocational Center

INDIVIDUAL VOCATIONAL EDUCATION PROGRAM
REFERRAL FORM

The following student is experiencing difficulty in his/her vocational program.

Name of Student _____

Vocational program _____

Reason for referral:

____ academic problem
comments: _____

_____

____ performance problem
comments: _____

_____

____ behavior problem
comments: _____

_____

____ attendance problem
comments: _____

_____

____ other problems
comments: _____

_____

Submitted to Vocational Office by: _____

Date: _____

Forms from Portsmouth High School developed by American Training and Research Associates, inc. (Gardner and Beatty, 1980)

SCHOOL ADMINISTRATIVE UNIT THIRTY
Gilford, Gilmanton, Laconia
STUDENT REFERRAL FORM

Student Name	School	Grade
Date of Referral	Age	Date of Birth
Parent/Guardian	Address	Phone
Person Referring	Title	

1. Specifically and in detail state the problem:

2. Other information which you regard as important:

3. What has already been done (describe):

4. Any suggestions you have for the student:

5. How much parent involvement has occurred to date? And by whom?

Check people who should be involved in the staffing process:

___Principal or Assistant ___Parent ___Nurse
___Guidance ___Teacher(s)

Form goes to Chairperson of 1._____
2._____

Somersworth High School

REFERRAL REPORT TO VOCATIONAL RESOURCE CENTER

Student's Name:_____ Subject:_____

Grades So Far: 1st quarter----------2nd----------
3rd----------4th----------

Please check the following characteristics of the student as you have observed them.

	YES	NO
1. Is often absent----------		
2. Is often Tardy----------		
3. Exhibits aggressive behavior----------		
4. Seems to understand during class, but fails tests----------		
5. Demonstrates social immaturity---------		
6. Has problems with oral instruction or notetaking----------		
7. Is constantly seeking attention--------		
8. Is withdrawn and seeks isolation-------		
9. Exhibits poor written and spoken language skills----------		
10. Has Reading difficulty----------		
11. Has difficulty with Math----------		
12. Does not work up to potential----------		
13. Possesses a negative self-image--------		
14. Shows a dislike for school----------		
15. Has poor peer relationships----------		
16. Demonstrates poor agility and coordination----------		
17. Is a disciplinary problem----------		
18. Has difficulty following instructions--		

COMMENTS_____

_____

TEACHER REFERRAL INFORMATION FORM
(Vocational Disadvantaged Program)

Name of Student: Class:

Teacher: Date:

1. Reason for Referral:

2.

Strengths	Weaknesses

3. What have you tried with this student that has worked?

4. What have you tried with this student that hasn't worked?

Other Comments:

DISADVANTAGED REFERRAL FORM
To the Assessment Team
Lin-Wood High School
Lincoln, New Hampshire

Name:_____ Date of Birth:_____

Address:_____ Phone No.:_____

Parents Name:_____

Reason for referral:

Observable behavior:

What has been done to remediate thus far:

What would you like to see accomplished:

Any other background information:

Signed:_____

Date:_____

Somersworth Vocational Center
STUDENT INPUT
VOCATIONAL REFERRAL

Name:_____ Course:_____

Date:_____ Teacher:_____

Are you absent alot? If Yes, why?_____

_____

Do you feel that your behavior in the classroom causes problems?_____

_____

Do you do your homework?_____

Do you do your classwork?_____

Do you like Reading?_____

Any problems with Math?_____

Do you like this class?_____

Why did you take this class?_____

_____

Do you like school?_____

What do you think of your grades?_____

_____

Any comments?_____

_____

_____

Somersworth Vocational Center

VOCATIONAL RESOURCE CENTER
REFERRAL REPORT FEEDBACK

Teacher: _____

Student: _____

Referred Date: _____

Action Taken: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

CLASSROOM TEACHER'S EVALUATION REPORT

Student Name: _____
(Last) (First) (Middle)

Subject: _____

Please check the following characteristics of the student as observed from your perspective.

	Frequent	Occasionally	Not Observed
1. Is frequently absent or tardy. . .			
2. Exhibits emotional problems. . . .			
3. Demonstrates social immaturity . .			
4. Is constantly seeking attention .			
5. Is withdrawn and seeks isolation .			
6. Exhibits poor written and spoken language skills.			
7. Has definite reading difficulties.			
8. Does not "work up to potential". .			
9. Has frequent school-related difficulties.			
10. Possesses a negative self-image. .			
11. Exhibits a need to earn money. . .			
12. Has poor peer relationships. . . .			
13. Shows a dislike for school			
14. Demonstrates poor agility and coordination			
15. Has definite disciplinary problems.			

Describe any special talents: _____

_____

Recommend areas in which the student needs special instruction or assistance. _____

_____

Describe any specific problems you might have observed in the student. (e.g. hearing, visual, etc.) _____

_____

Comments: _____

_____

Date: _____ Teacher's Name: _____

RETURN TO: CAROL DELLE

MANCHESTER SKILL CENTER
VOCATIONAL SPECIAL NEEDS
STUDENT PROGRESS REPORT/REFERRAL

STUDENT_____ COURSE_____ GRADE_____ TEACHER_____ DATE_____

PLEASE CHECK THE APPROPRIATE AREA THAT MOST CLEARLY REFLECTS THE STUDENT'S OVERALL JOB INVOLVEMENT. IN EACH CATEGORY CIRCLE SPECIFIC AREAS REQUIRING IMPROVEMENT. FOR EXAMPLE, IF A STUDENT IS EXCESSIVELY ABSENT AND HAS DIFFICULTY READING YOU WOULD CIRCLE ATTENDANCE UNDER RELIABILITY AND READING UNDER ACADEMICS. MAKE ADDITIONAL COMMENTS ON THE BACK OF THIS FORM.

UNSATISFACTORY = VERY LIMITED ABILITY/POOR ATTITUDE: WILL LIMIT EMPLOYABILITY, FAILING COURSE.
BELOW AVERAGE = MUCH DIFFICULTY: PERFORMANCE ADEQUATE FOR LOW LEVEL/ENTRY LEVEL JOBS ONLY; BARELY PASSING
AVERAGE = ADEQUATE ABILITY FOR EMPLOYMENT: CAN DO MOST ASSIGNMENTS, PASSING COURSE.
ABOVE AVERAGE = LITTLE OR NO DIFFICULTY LEARNING, FEW PROBLEMS, GOOD STUDENT OVERALL
EXCELLENT = OUTSTANDING: QUALITY STUDENT, SETS AN EXAMPLE FOR OTHERS.

	UNSATISFACTORY	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	EXCELLENT
RELIABILITY PUNCTUALITY, ATTENDANCE, DEPENDABILITY, TRUSTWORTHINESS, CONSISTENCY.					
COOPERATION RELATIONSHIP WITH CO-WORKERS/INSTRUCTORS, DOES ASSIGNED TASKS, HELPS OTHERS, SHARES, SELF-CONTROL, FRIENDLINESS.					
APPEARANCE GROOMING, NEATNESS, CLEANLINESS, HYGIENE, HEALTH, PHYSICAL FITNESS.					
ATTITUDE OVERALL BEHAVIOR, JOB INTEREST, MOTIVATION, RESPONSIBILITY, MATURITY, FLEXIBILITY.					
INITIATIVE DOES THINGS WITHOUT BEING TOLD, PERSISTENT, DETERMINED LEADERSHIP ABILITY.					
ACADEMICS WRITTEN AND/OR SPOKEN LANGUAGE SKILLS, SPELLING, READING, ARITHMETIC, ABILITY TO COMMUNICATE, COMPREHENSION, FOLLOWS DIRECTIONS.					

COMMENTS:

GUIDANCE RELATED FORMS

TO: Guidance Date:

FROM: Vocational Office

SUBJECT: REFERRAL

The following student has been referred to the Vocational Office as not succeeding in his/her vocational program. We are presently in the process of organizing a team meeting to investigate the need for support services for this student. Would you please check your file for information on this student that might assist us.

Student name_____ Y.O.G._____
Address_____
_____

TO BE FILLED OUT BY GUIDANCE OFFICE:

This student is handicapped: ___yes; ___no

This student is getting support services through Special Education: ___yes;___no

This student has an IEP: ___yes; ___no

If yes, there is a vocational addendum: ___yes; ___no.

If yes, please submit a copy to the Vocational Office.

_____
Signature of Guidance Representative

_____
Date

Thank you for your assistance. Please return this form to the Vocational Office.

Alvirne High School

REQUEST FOR STUDENT INFORMATION

RE:_____ FROM:_____

TO:_____

This student has been referred as experiencing problems in one or more areas. Please comment on his/her performance in your class.

	Never	Seldom	Usually	Always	Does Not Apply
Attends class regularly and absences are excused.					
Shows consideration for others					
Positive response to teacher's suggestions for changes.					
Completes work and projects.					
Seeks help when needed					
Pays attention to class activities					
Makes up work missed.					
Participates orally in class					
Does well on tests					
Written work is legible (spelling, punctuation, penmanship, use of sentences)					
Seems to be able to read and understand content material					

Please make specific comments about areas of concern below - also list any of the student's strengths of which you are aware.

Manchester Vocational Education Department

COUNSELOR'S REPORT
DISADVANTAGED/HANDICAPPED VOCATIONAL STUDENT

Student_____ Vocational Program_____
_____ Counselor_____
School_____ Date_____

This student has been referred as a possible disadvantaged or handicapped student. In order to assist in determining the appropriate course of action please review this student's file and note any significant comments, illnesses, recommendations, special programs, etc. in the appropriate spaces below. Also indicate if this student has taken Industrial Arts in JHS or HS and list grades.

Elementary School	J.H.S.

High School

9th _____
_____
_____

10th _____
_____
_____

11th _____
_____
_____

Additional Comments: _____
_____
_____
_____
_____
_____

STUDENT DATA FORMS

STUDENT INFORMATION FORM

Name:_____ School:_____
Address:_____ DOB:_____
Guidance Counselor:_____
Mother's Name:_____ Occupation:_____
Father's Name:_____ Occupation:_____
I live with:_____Father & Mother _____Mother ____Father
_____Other. I have ____ brothers and ____ sisters.

Do you have a job now? ___Yes ___No. If yes, where do you work_____. What do you do?_____
_____. How many hours a week do you work___.
Some jobs you have been paid to do are:
____babysitting ____delivering newspapers
____helping at home ____helping people move
____shovelling snow ____other_____
If I could have any job I wanted when I leave school, I would like to be a _____.
Two jobs I think I could do when I leave school are:
1. _____ 2. _____

Some things I like to do in my spare time are:
____watch tv ____listen to radio
____be with my friends ____be with my family
____fix or repair things ____build things
____make models ____ride my bicycle
____don't do much of anything ____swim, skate, or sports
____other _____ ____play records
____be by myself ____read
____go to movies ____sew ____cook
____drive around in a car or on a motorcycle

Which of the following statements describes you best?
____ a. I never have enough time to do all the things I want to do.
____ b. I have enough to keep me busy.
____ c. I don't have enough to keep my busy.

On the other side of this paper, describe yourself.

STUDENT BIOGRAPHICAL DATA SHEET

NAME: (LAST) (FIRST) (MIDDLE) SEX: ___M ___F AGE: _____
HOME ADDRESS: (NUMBER AND STREET) (CITY) TEL: _____

I HAVE ____BROTHERS AND ____SISTERS OLDER THAN I AM.
I HAVE ____BROTHERS AND ____SISTERS YOUNGER THAN I AM.
SINCE I WAS BORN I HAVE LIVED IN ____DIFFERENT TOWNS/CITIES.
FATHER OR GUARDIAN'S NAME: _____ DECEASED _____
FATHER OR GUARDIAN'S OCCUPATION: _____
WHERE EMPLOYED: _____
MOTHER OR GUARDIAN'S NAME: _____ DECEASED _____
MOTHER OR GUARDIAN'S OCCUPATION: _____
WHERE EMPLOYED: _____
I DO NOT LIVE WITH MY PARENTS; I LIVE WITH (NAME) (RELATIONSHIP)
MY FAVORITE SUBJECTS IN SCHOOL ARE: _____
MY LEAST LIKED SUBJECTS IN SCHOOL ARE: _____
I WOULD LIKE TO ENROLL IN THE FOLLOWING COURSES: _____
AFTER I GRADUATE FROM HIGH SCHOOL I PLAN: (COMPLETE THE APPROPRIATE SECTION).
A) TO GET A JOB. I PLAN TO WORK FOR (NAME AND LOCATION OF COMPANY)
AS A (TYPE OF WORK).
B) TO ATTEND (NAME - COLLEGE/VOCATIONAL SCHOOL/UNIVERSITY).
C) TO BE A HOMEMAKER____. I ALSO PLAN TO WORK OUTSIDE THE HOME
EMPLOYER.
D) TO ENTER MILITARY SERVICE _____. WHAT BRANCH? _____.
E) OTHER PLANS. (PLEASE DESCRIBE) _____.
I PREFER TO WORK: OUTSIDE___ INSIDE___ WITH PEOPLE___ WITH MACHINES_____
CLERICAL JOBS_____ PHYSICAL LABOR_____
MY CAREER AMBITION IS TO SOMEDAY BECOME A (OCCUPATION OR PROFESSION)
AND LIVE IN (CITY) (STATE) (FOREIGN COUNTRY).
MY FAVORITE ACTIVITIES ARE IN:
____SPORTS. I PARTICIPATE IN _____.
____MUSIC. I PLAY THE _____. I AM A MEMBER OF THE SCHOOL BAND_____
_____CHORUS _____OTHER.
____CHURCH. I AM/AM NOT A CHURCH MEMBER.
____READING. MY FAVORITE AUTHORS ARE _____.
____CLUB. I AM A MEMBER OF _____.
____HANDICRAFTS. I MAKE _____.
____HOMEMAKING (COOKING, SEWING, BABYSITTING, ETC.) I ENJOY _____.
____DO-IT-YOURSELF PROJECTS. I MAKE OR REPAIR _____.
____OTHERS. THESE INCLUDE _____.
MY FAVORITE HOBBIES ARE: _____.
THE THREE OCCUPATIONS OR PROFESSIONS THAT MOST APPEAL TO ME ARE:
1ST CHOICE: _____ 2ND CHOICE: _____ 3RD CHOICE: _____
SOME OF THE JOBS THAT I HAVE HAD ARE: _____
_____
SOME OF THE ACTIVITIES I DO IN MY SPARE TIME ARE: _____
_____.
COMMENTS: _____
DATE: _____ STUDENT SIGNATURE: _____

PARENT FORMS

LETTER TO PARENT

Date

Mrs. X Smith
110 51st Street
Portsmouth, NH 03801

Dear Mrs. Smith:

As we discussed on the telephone, a meeting has been scheduled concerning your son's progress in the vocational program. It is tentatively scheduled for May 12, 1980, Room 1310, at 10 a.m. in the high school. I will be in charge of the meeting.

As I indicated, the purpose of the meeting is to determine whether or not your son will require special services in his program. If this preliminary meeting finds that he does in fact require special assistance, a team of teachers and other personnel will be appointed to work with you and your son, Gerry, in designing an individualized vocational education program for him to ensure his success in the automotive program.

This meeting will be held at the date and time above provided we have your written permission to proceed. Rest assured that we will make no changes in Gerry's vocational program prior to a complete assessment of his progress and without your specific approval.

If you would like to meet with me personally prior to the meeting, please call and set up an appointment. I will also be pleased to answer any further questions you may have over the telephone.

I look forward to working with you.

Sincerely,

Kenneth Webber
Vocational Director

Dear Parent:

A review of your son's/daughter's current vocational grade indicates that he/she is not meeting expectations for achievement in this class.

In order for us to provide help, we need to find the reasons why your son/daughter is not successful. The first step in this process is to find answers as to why he/she is not succeeding. Then, based on those findings, we will develop an educational plan which fits his/her needs.

In order to do the necessary testing, to change the program and provide the necessary support for the student, we need your approval. The plan is to keep you informed and up-to-date on the progress of your son/daughter.

If you have any questions about the process and implementations of this plan, please feel free to contact me.

Sincerely,

Vocational Director
Alvirne High School

I do approve_____
(parent or guardian signature) (Date)

I do not approve_____
(parent or guardian signature) (Date)

Vocational Assessment & Resource Center
Concord Region 11 Vocational Center
Concord High School, Warren Street
Concord, New Hampshire 03301

FROM: Martha Atwell, Vocational Special Needs Coordinator
TO: Parent/Guardian of _____
DATE: _____

To assist your daughter/son to clarify her/his vocational interests and to identify any special services that may be required for successful completion of a vocational program, we would like to include your daughter/son in a vocational assessment program.

This assessment will cover specific interests, aptitudes and abilities that are directly related to vocational training. Assessment results will be used by staff members of the vocational center and the guidance counselor from the student's home school to develop vocational plans for your daughter/son.

This evaluation does not automatically guarantee that your daughter/son will be enrolled in a vocational program at the area center in Concord.

If you have any questions regarding this vocational assessment, please call me at 228-1741 - ext. 56.

Name(s) of vocational assessment(s) used:_____

_____

Person administering assessment:_____

_____

PARENTAL/GUARDIAN PERMISSION

I have read and understand this form letter.

___I agree to the administration and interpretation of the above named vocational assessments and the use of this information by appropriate school personnel for vocational program planning.

___I wish to confer with you and I can be reached at _____phone from _____ to _____.

Signature of parent/guardian _____ Date____

Please return one copy of this letter to the above address.

Concord Region 11 Vocational Center
Concord High School
Warren Street, Concord, NH 03301

CONSENT TO TRANSMIT STUDENT RECORDS

TO: (Parent/Guardian) (Street Address)
(Town) (Zip Code)
FROM: Vocational Special Needs/Assessment Specialist

In order to complete a vocational assessment for your son or daughter I would like to request the following records concerning (student's name) (D.O.B.) from (school/agency).
Records requested: _____

Apart from sharing with appropriate school personnel, I agree not to release these files or information therein to any other individual or agency unless I have obtained parental permission.

(Signature) (Date)

* *

TO: (School/Agency)
FROM: (Parent/Legal Guardian/Adult Student) (Date)

I understand that I have the right to review the information listed above before signing this release, and I further understand that I may obtain a copy of this information. I understand that this release expires 90 days from the date of my signature. I understand that a copy of this document will be retained permanently in the school record. I have read and understand the above.

I give permission for this release of information _____.
I do not give permission for this release of information _____.

_____ _____
Signature of Parent Date

SAMPLE LETTER TO PARENTS
INFORMING THEM OF IVEP INVOLVEMENT

Dear Mr. and Mrs Lubner:

We are pleased with the progress that Lisa has made this year and firmly believe that the IVEP we jointly developed last September contributed to her progress. Her teacher has commented several times throughout the year how much the IVEP has helped her provide the type of educational program from which Lisa can best benefit.

As school comes to a close, it is time for us to come back together as a committee to revise Lisa's IVEP for next year. The purpose of our meeting will be to review Lisa's progress during this year and to develop the IVEP for next year, including goals, objectives, and methods of evaluation that are tailored to Lisa's special needs. As you know, the IVEP is a written program of the vocational education content and services that will be provided to Lisa. Just as your ideas were extremely valuable in developing her first IVEP, we consider your participation in the upcoming conference very important. The format of the meeting will be very similar to the previous one. After identifying her level of performance, goals and objectives for next year, and methods of evaluation, we will again decide on the vocational education placement most beneficial for Lisa.

We would like to invite you to come to the meeting to help us revise Lisa's IVEP on Monday, May 22, at 12:15PM. I will be calling you in a couple of days to make sure that this is a convenient time for you. If it is not, an alternative date is Wednesday, May 24, at 1:45PM. The persons attending the meeting in addition to yourself will be Mr. Henry (Lisa's teacher next year), Ms. Radner (director of special education), and myself. Please contact me if you have questions about the upcoming meeting.

Sincerely,

Todd Delamuca
Counselor and Special
Services Coordinator

CHECKLISTS &

TEAM MATERIAL

Portsmouth High School

INDIVIDUAL VOCATIONAL EDUCATION PROGRAM

To:_____ (Teacher making referral)

Date:_____

From:_____

Subject:_____ (Name of student referred)

The above student is not receiving any support services at this time. We are organizing a team to review the student's progress and to investigate.

A meeting will be held:

Day and Date:

Time:

Place:

Please come prepared to discuss the student's progress in your course in terms of academic achievement, performance abilities, behavior, attendance, and any other points you consider relevant.

Londonderry Jr/Sr High School
295 Mammoth Road
Londonderry, New Hampshire

Student's Name	D. O. B.
Address	I.D. No.

Basis upon which the classification of disadvantaged was made:

a) student requires special services, assistance, or program in order for him/her to succeed in their vocational educational program.

b) student lacks reading and or writing skills.

c) student lacks mathematical skills.

d) student performs below his/her grade level.

Date of meeting:_____

Team Members Participating:

NAME	POSITION

Manchester Vocational Education

sy____

INFORMATION CHECKLIST
DISADVANTAGED/HANDICAPPED VOCATIONAL STUDENT

Name:_____ Vocational Course:_____
DOB:_____ Address:_____
School:_____ City:_____

___Regular Student ___Tuition Student ___No Contract
Tuition Student School:_____

1. Referral:_____ _____
Date By Whom

2. Records: Date Received

___A. Classroom Teacher's Evaluation _____
___B. Student Biographical Data Sheet_____
___C. Counselor's Report _____
___D. Special Services Report _____
___E. Testing Report _____
___F. Outside Agency Report
Agency_____ _____
___G. Parental (student) Consent Form_____
___H. Copy IEP on File _____

3. Student Conference: Date_____

4. Team Meeting(s): Date_____ _____
Case Manager

Members:_____

5. IVEP Completed: Date_____

Copies_____

School Year_____

Concord Vocational Center

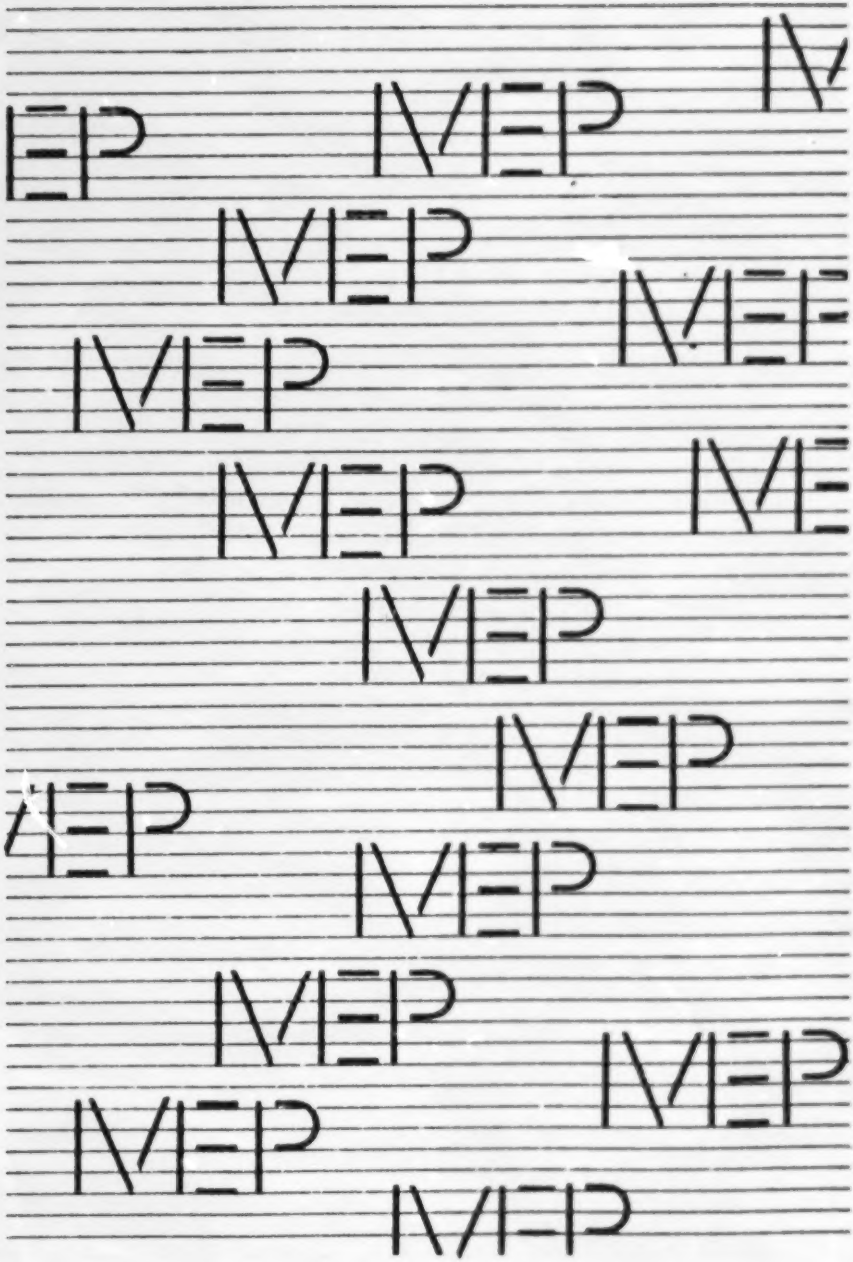
INFORMATION CHECKLIST
DISADVANTAGED/HANDICAPPED VOCATIONAL STUDENT

Student Name_____ Vocational Program_____
_____ Sec._____
Address_____ Tel._____
Parent/Guardian Name_____ Work Tel._____
_____ Work Tel._____

1. Referred by_____ Date_____
2. Records:
   a. Classroom teacher's referral report — Date Rec._____
   b. Counselor's report — Date Rec._____
   c. Testing report — Date Rec._____
   d. Outside agency report(s) — Date Rec._____
   _____Agency — Date Rec._____
   _____Agency — Date Rec._____
3. Conference with Student _____ Date_____
4. Action Plan:
   a. Letter to parent — Date sent_____
   b. Telephone call to parent — Date of Contact_____
   c. Parent (student) Consent for Testing — Date received_____
5. Team Meeting(s): _____ Date(s)
   _____
6. Student Designation:

Disadvantaged	Handicapped
academic____	intellectual handicap _____
economic____	physical handicap _____
limited English speaking____	emotional handicap _____

7. Testing report completed_____Date
8. Placement/Service
   _____Regular Vocational Program
   _____Regular Vocational Program with Support Services
   ____Special Separate Program
   ____Outside Placement
9. IVEP
   a. Individualized Vocational Education Plan (IVEP): Date Completed_____
   b. Review of IVEP and Annual Statement: Date Completed_____


MEP